

Single Equality Scheme (Draft)

Reference Number:	tbc
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Responsible Directorate:	Human Resources
Review Date:	tbc
Ratified by (committee):	tbc
Date Ratified:	tbc
Version:	Draft

Related Policies	Patient & Public Involvement Strategy Equality Impact Assessment Policy Managing Diversity Strategy & Policy Code of Expectations of Employees Tackling Harassment & Bullying Policy Whistleblowing Grievance Procedure Complaints Policy & Procedure
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1. Introduction:

- 1.1 The aim of current equality legislation is to ensure that public bodies properly discharge their obligations to all sections of society – to people of different races, disabled people and non disabled people, men and women, regardless of sexual orientation, gender identity, religion and belief (or absence thereof), and appropriate to all age groups.
- 1.2 This Single Equality Scheme (SES) is a public commitment of how Royal United Hospital Bath NHS Trust (RUH) is going to meet the duties placed upon it by this legislation, namely the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 2005 and the Equality Act 2006. It brings together and updates our previous Race, Disability and Gender Equality Schemes. It also considers the other areas of equality, namely age, sexual orientation and religion and belief. It sets out our approach to equality and diversity both as a provider of health care services and as an employer.
- 1.3 RUH is committed to delivering healthcare services that are appropriate to everyone's needs, taking account of differences in age, disability, race, ethnic or national origin, gender, religion, belief, sexual orientation, domestic circumstances, social and employment status or responsibilities as a carer.

2. What is Equality and Diversity?

- 2.1 Equality is essentially about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination (past, present and potential) that is based on membership of a particular group or individual traits. (NHS Employers 2008)
- 2.2 Diversity is about recognising and valuing differences in the broadest sense. It is about creating practices, services and a working culture that recognises, respects, values and harnesses different talents, for the benefit of the organisation and the individual. (NHS Employers 2008)
- 2.3 Equality and diversity are not interchangeable, but are co dependent; there can not be equality of opportunity if difference is not recognised and valued, and measures taken to promote access to services or opportunities where current practices seem to be limiting.

Glossary of Abbreviations Used:

B&NES	Bath & North East Somerset
BME	Black and Minority Ethnic
DES	Disability Equality Scheme
EIA	Equality Impact Assessment
EqPA	Equal Pay Act
ESR	Electronic Staff Record

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GES	Gender Equality Scheme
HR	Human Resources
KSF	Knowledge and Skills Framework
LINK	Local Involvement Network
NHS	National Health Service
PALS	Patient Advice and Liaison Service
PEAT	Patient Environment Action Teams
PCT	Primary Care Trust
RES	Race Equality Scheme
SDA	Sex Discrimination Act
SES	Single Equality Scheme
SfBH	Standards for Better Health
RUH	Royal United Hospital; Bath NHS Trust

3. Underlying Principles of the Scheme

3.1 The principles underpinning our scheme are:

- To ensure that consideration of equality issues is central to policy and day-to-day practice across the Trust.
- To meet the current legal duties in relation to race, disability and gender, and provide a framework for a coordinated approach to meeting our legal responsibilities in relation to age, belief and sexual orientation legislation.
- To reduce health inequalities and improve health outcomes.
- To challenge discrimination in relation to people who use our services or who work here.
- To identify and address Trust policies and practices which may be unintentionally discriminatory
- To integrate with the Trust's values and beliefs.
- To ensure equality of access to our services as they are improved and developed.
- To involve key stakeholders (individuals and groups) in the development of the scheme.
- To raise staff awareness and understanding of these issues.

4. About Royal United Hospital Bath NHS Trust

4.1 Royal United Hospital Bath NHS Trust (RUH) provides a range of clinical services, which include general acute and emergency services to

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approximately 500,000 people in Bath, and the surrounding towns and villages in North East Somerset and Western Wiltshire and the Mendip area of Somerset. In addition, it provides a substantial volume of oncology (cancer) related services, including chemotherapy and radiotherapy, and some specialist orthopaedic surgery. The Trust also provides outpatients clinics in community hospitals in Chippenham, Devizes, Frome, Shepton Mallet, Melksham, Paulton, Trowridge and Warminster.

- 4.2 In the year 2008 – 2009 the Trust received income of just over £190 million and treated:

Patients Treated 2008 – 2009	
Elective inpatients	7,909
Day cases	24,521
Non elective inpatients	32,331
Regular ward attenders	542
Outpatients - new attenders	105,365
Outpatients - follow up	181,141
Accident and Emergency	67,225

- 4.3 The Trust currently has the following directorates and division:

Medicine Division	Surgery Division	Specialties Division
Facilities Directorate	Nursing Directorate	Corporate Services

5. Functions and Policies

- 5.1 All public bodies are required to identify and prioritise existing functions and policies or proposed policies that are relevant to the general duties to eliminate unlawful discrimination and promote equality.
- 5.2 RUH has identified the following functions and is in the process of assessing and prioritising associated policies.
- Clinical health care
 - Non-clinical support services
 - Employment
 - Education and Training
 - Consultation and involvement
 - Clinical Governance and Risk Management
 - Communications (internal and external)
 - Procurement
 - Business management and development
 - Information technology and systems
 - Research and development
 - Partnership working

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6. The Trust as an Employer

- 6.1 The Trust employs around circa 3,500 staff on both a full and part time basis and is one of the largest employers in Bath & North East Somerset. It is committed to promoting equality of opportunity and freedom from discrimination for all staff in all areas. This commitment is supported by a range of policies including:
- Managing Diversity Strategy and Policy
 - Code of Expectations of Employees
 - Tackling Harassment & Bullying Policy
 - Recruitment and Selection Policy
 - Whistleblowing
 - Current equality schemes and equality and diversity policy and strategy.
- 6.2 The Trust monitors a range of employment data in relation to the 3 equalities duties and these are published in the annual Equality and Diversity Report which can be found at: <http://www.ruh.nhs>.

7. Learning and Development

- 7.1 In the context of equality and diversity, learning and development has two key elements.
- 7.2 Firstly, the Trust recognises the value and importance of providing fair and equitable development opportunities for all staff, throughout their careers and at every level of the organisation. In some cases this may mean providing additional support to certain groups of staff (e.g. those which are under-represented at certain levels of the organisation) or to staff who have additional needs. Training and equality of access to training has a key role in promoting equality of opportunity and good relations between all staff. The Trust is required to provide data on access to training and information about this is contained in the annual equality and diversity report which can be found at <http://www.ruh.nhs.uk>
- 7.3 Secondly, the Trust has a responsibility for providing high quality accessible training for all staff on the subject of equality and diversity, linked to the knowledge and skills framework (KSF). At present a mandatory computer based learning package covering a wide range of equality and diversity issues is available to all staff. Equality impact assessment training is available for more senior staff responsible for policy or service development and a range of other equality workshops are being commissioned.

8. The Population We Serve

- 8.1 Trust provides healthcare to a population served by three primary care trusts (PCTs):

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- NHS Bath & North East Somerset
- NHS Wiltshire
- NHS Somerset (formerly Mendip PCT)

Approximately 40% of patients come from B&NES, and another 40% from Wiltshire, with 20% from Somerset and the surrounding areas.

8.2 Race

8.2.1 Nationally, 88% of the population is white (white British, white Irish, white other). This compares with our local populations as follows:

B&NES	93.89%
Wiltshire	96.42%
Somerset	96.73%

Source: Office for National Statistics 2007

8.2.2 Appendix 1 shows the breakdown of all ethnic categories that are not 'white British' for the above areas.

8.2.3 Ethnicity of all patients is recorded and this information is presented in the annual equality and diversity report which can be found on the Trust's equality and diversity web page at: www.ruh.nhs.uk It is acknowledged that work is needed to interpret this data more effectively and this will be a key action for this SES.

8.3 Disability

8.3.1 The proportion of the population with a disability can be estimated from the numbers declaring a longstanding limiting illness. Across England, 17.93% declare this compared with 18.10% across the South West. This compares with our local population as follows:

B&NES	15.83%
Wiltshire	15.07%
Somerset	18.10%

Source: Office for National Statistics 2007

8.3.2 Unfortunately there is no breakdown as to type of disability in the general population but is generally considered to include physical disabilities, sensory disabilities, learning disabilities/difficulties, and mental health issues. The Trust also acknowledges that the term 'disability' is not always recognised by some people so may not be reported as such but that it is generally agreed that data on longstanding limiting illness is a good proxy indicator of disability. The Trust currently does not have the facility for recording the disability status of patients and this will be addressed as a matter of urgency in the lifetime of this SES.

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8.4 Gender (including transgender/transsexual)

8.4.1 The gender of our patients is recorded and this information can be found on the Trust’s quality and diversity web page at www.ruh.nhs.uk.

8.5 Age, Sexual Orientation and Religion and Belief

8.5.1 Currently there is no 'general duty' in respect of age, sexual orientation and religion and belief. However, this SES will act as a framework for a coordinated approach to meeting our legal responsibilities in these areas.

8.6 Further information on population statistics can be obtained from <http://www.statistics.gov.uk/>

9. Health Inequalities

9.1 Whilst the overall health status of the communities the Trust serves is above the national average, pockets of poor health and deprivation do exist. These present greater challenges to the organisation because the areas of affluence often conceal them as they are small in size and geographically dispersed. The 'fine grain' of deprivation which occurs in rural and more populated areas needs to be acknowledged and addressed in order to reduce health inequalities in the overall catchment area. The Association of Public Health Observatories holds detailed information on health inequalities and for the area the Trust covers. Amongst other things they highlight the following:

- The health of people in Bath and north East Somerset is generally better than the England average with life expectancies for both males and females higher than the England average;
- There are some health inequalities within B&NES in relation to deprivation and gender - men from the least deprived areas can be expected to live about five years longer than those from the most deprived areas;
- Over the last ten years, early death rates from heart disease and stroke have been declining as have rates of death from all causes combined;
- Breast feeding initiation rates are higher than the England average and the rate of women smoking in pregnancy is similar to England;
- Rates of death and injury on the roads of Bath and North East Somerset are lower than in England as a whole; however 62 people are killed or injured on the roads every year in the area;
- An estimated one in five adults in the area smoke which is better than the England average.

9.2 Further information on health inequalities can be found at: <http://www.apho.org.uk>

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10. Public Sector Equalities Duties

- 10.1 The legal requirement for public bodies to publish equality schemes is contained in:
- The Race Relations (Amendment) Act 2000
 - The Disability Discrimination Act 2005, and
 - The Equality Act 2006
- 10.2 These pieces of legislation contain general and specific equality duties on all public sector organisations. These duties are outlined in Appendix 2.
- 10.3 The Trust also recognises that achieving a fully equal and diverse organisation requires more than the promotion of race, disability and gender equality. We therefore also recognise the following legislation to be relevant to our SES:
- Employment Equality (Age) Regulations 2006
 - Employment Equality (sexual Orientation) Regulations 2003
 - Employment Equality (Religion and Belief) Regulations 2003
 - Civil Partnerships Act (2004)
 - Gender Recognition Act (2004)
 - Human Rights Act (1998)
- 10.4 These laws do not have positive duties associated with them, but they do apply to the provision of health care services. We must therefore ensure that we do not inadvertently breach any of the above legislation as far as it applied to us as an employer and as a service provider.
- 10.5 The Trust publishes an annual report detailing the monitoring information required by the equality duties and this can be found on the equality and diversity page of the Trust's website.
- 10.6 A new Equality Bill is anticipated in the autumn of 2010. This SES will be amended if necessary, according to the requirements of the new Act.

11. Context of the Equality Strands in Bath

- 11.1 The Trust has made a commitment to adopt a single equality scheme in place of the three separate schemes already published. The rationale for this is the principle that the strands of equality – race, disability, gender, age, sexual orientation and religion and belief – do not present competing issues, but rather provide opportunities for synergies to be developed and addressed through integrated action.
- 11.2 It is often the case that inequality and discrimination are perceived and experienced on multiple levels, and in that respect the separation or isolation of the six 'strands' can be artificial. It is important however to provide some local context of issues relating to the separate strands in order to provide

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assurance that the Trust has an appreciation and understanding of particular issues, and to inform action planning. It is realised that these issues may change over the lifetime of this scheme.

11.3 Race

Bath Ethnic Minority Senior Citizens Association
Bath Council for Racial Equality
Staff BME forum
Under representation of staff from diverse backgrounds at senior level

11.4 Disability

'Seldom heard groups'
Project Search
Stroke
Deaf Awareness
Sign Translate
Learning Disabilities
Access to services and site

11.5 Gender

Differences in health related behaviours
Needs of Transsexuals/Transgender staff and service users
Mixed sex wards satisfaction levels assessed using Patient Experience Tracker

11.6 Age

Aging population
50+ Club
Young carers
Children and young people satisfaction assessed using Patient Experience Tracker
End of Life

11.7 Sexual Orientation

Civil partnerships
Gay, Lesbian, Bisexual staff and service users.
Stonewall link

11.8 Religion and Belief

Diversity of belief
Freedom to adopt belief and to practice
Cultural sensitivity
Chaplaincy service for all faiths or none
No religion or belief

12. Summary of the Work Undertaken So Far

12.1 Over the last 3 years, the Trust has achieved the following:

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- Patient Experience Tracker workshops to monitor quality of care and patient experience
- Patient Experience Strategy
- Deaf awareness training throughout the Trust
- Development and publication of 3 equality schemes (Race, Disability and Gender)
- Establishment of the Equality and Diversity Committee as a sub-committee of the Non Clinical Risk Committee
- Establishment of a black, minority and ethnic (BME) staff forum
- Establishment of the 50+ Club to address both employment and service access issues identified by our older workforce
- Pension Choice Workshops
- Facilitation of a Project Search classroom on site to foster development opportunities for students with learning disabilities
- Development of equality and diversity webpage
- Publication of an annual equality and diversity report, with bi annual updates
- Staff data validation exercise (to collect equalities data)
- Equality and diversity training
- Equality impact assessment training for executive and senior managers
- Development of new equality impact assessment training for staff responsible for policy/service development
- Requirement for equality impact assessments incorporated into new 'Framework for Policy Development'
- Access audit of the hospital site
- Implementation of Sign Translate within all clinical areas
- Declaration of compliance with Standards for Better Health C7e year on year.
- Development of information pack to support 'young carers'

13. Responsibility and Accountability for the Scheme

- 13.1 The Trust's Board of Directors have ultimate responsibility for ensuring that the Trust is meeting its legal obligations in relation to equality through implementation of this SES.
- 13.2 The Equality and Diversity Committee, chaired by the Chief Executive, manages the SES, commissioning and developing work to ensure that the associated action plan is achieved. The Committee reports to the Non Clinical Governance Committee on a quarterly basis, presenting the annual equality and diversity report to the Trust Board in July and an update in December. Additional papers on behalf of the steering group are taken to the board as required.
- 13.3 The Committee consists of the Chief Executive (Chair), a Non Executive Director, the Director of Human Resources (Vice Chair), the Director of Operations, the Head of Patient Experience and the Assistant Director of HR (Development). The Chair of Staff side also sits on the group and others are co-opted on as necessary in relation to specific pieces of work.

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- 13.4 The Committee meets on a quarterly basis and the minutes, once approved, are published on the Trust's website. The group covers all six 'equality strands', and the terms of reference for the group can be found at Appendix 3.
- 13.5 The Trust's equality and diversity lead has a strategic and operational role in relation to equality and diversity, coordinating the activities of the Committee, managing specific work streams and ensuring that others are progressed, and providing support and guidance to the Trust and its staff.

14. Partnership Working

- 14.1 The Trust operates to provide a range of mainly secondary and specialist health services within a system made up of other organisations. Our partners in delivering health care include other NHS organisations (commissioners, primary care provider services, other specialist providers and other secondary providers), independent sector healthcare providers, local authorities (social services etc), government agencies, third sector organisations (voluntary sector) and various commercial organisations.
- 14.2 The Trust is committed to ensuring that any external organisation with which it works is made aware of and encouraged to adhere to the equality and diversity commitments of the Trust.
- 14.3 The Trust is a partner of the B&NES Local Involvement Network (LINK), a strategic group which is made up of patients, the public, and partner organisations including social care. The purpose of LINK is to make it easier for citizens to say what they want from health and social care services, to talk with the people who run them, and to hold them to account. More information about LINK can be found on their website www.baneslink.co.uk.
- 14.4 The Patient Experience Group is the operational group that takes this vision forward in relation to equality and diversity.
- 14.5 The Trust has well established patient and public involvement groups and meets regularly with groups representing people from diverse backgrounds (See below).

15. Involvement and Consultation

- 15.1 This SES requires the Trust to involve and consult with local people and staff in its development. The Trust already has a long history of proactive involvement and consultation with our patients and staff through a number of networks.
- 15.2 Our Patient Advice and Liaison service hears directly from patients, relatives, carers and others involved with the Trust. They tell us of their individual experiences and put forward ideas for improvement.

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- 15.3 Our Head of Patient Experience liaises with a wide variety of user groups in the community; this work is underpinned by the action plan supporting the Patient Experience Strategy.
- 15.4 Involvement and consultation with staff already takes place in a variety of ways. This includes the BME Forum, 50+ Club, Open Staff meetings, monthly team briefing from the Chief Executive, quarterly staff magazine (Insight), internal staff bulletins, the Trust intranet, trade unions, and other specifically convened groups.
- 15.5 We are committed to making our communications methods accessible and constantly seeking new ways of engaging with our stakeholders, partner organisations and staff who may be affected by our SES. We recognise that this may involve some creative thinking to ensure we reach our 'seldom heard' groups and groups that may not be engaging with us through our usual methods.
- 15.6 A consultation/involvement plan has been drawn up in association with this SES (Appendix 4) and this commenced in October 2009.

16. Equality Impact Assessments

- 16.1 An equality impact assessment (EIA) is a systematic and thorough analysis of a proposed or existing function, policy, strategy, practice or plan which establishes and records whether and how the policy affects different groups of people in different ways. Undertaking EIAs is a central tenet of compliance with the equality duties. Public bodies are required by law to complete EIAs relating to race, disability and gender. As RUH is adopting a single equality scheme, our EIAs will also address age, sexual orientation and religion and belief. EIAs require organisations to involve and consult with their 'customers' and staff.
- 16.2 EIAs provide an effective mechanism for divisions and directorates within the Trust to identify existing or potential unintended differential impacts, which, unless mitigated, would be disadvantageous to certain groups of individuals. The EIA process focuses on assessing, consulting upon, recording and acting upon the likely equality impact of a Trust function or policy. The Trust recognises that health inequalities persist across the equality spectrum and these factors often overlap. It is thus vital that Trust policy implementation acts to mitigate these inequalities whenever possible, both to meet organisational aims and to act within equality legislation.
- 16.3 This does not however mean 'treating everybody the same'. As the gender equality duty highlights, for instance, men and women respond to healthcare initiatives in different ways, so undertaking an EIA will help reveal what these differences are and how they may be resolved to ensure a more equal outcome. When an EIA reveals a potential unfavourable differential impact,

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the Trust will explore alternative means of achieving the same business objective that cause no (or fewer) adverse impacts.

- 16.4 The Trust has already trained a group of senior managers on conducting EIAs. A template for recording EIAs and associated guidance has been developed (Appendix 5) and the Trust's equality and diversity lead manager provides on-going support and guidance to managers required to undertake EIAs.
- 16.5 Policies will be initially screened for potential adverse impact and if this is suspected a full EIA will be undertaken. Findings from the full EIA will be incorporated into the final policy (or justification given if changes are not made). EIAs are published as part of the policy document and can be accessed from the equality and diversity page of the Trust's website/intranet.
- 16.6 This SES has been equality impact assessed and this can be found at Appendix 5.

17. Gathering and Analysing Evidence

17.1 Gathering and analysing evidence is a central tenet of meaningful equality schemes and associated ongoing work. The Trust uses a range of data to inform its work around equality and diversity including:

- Audit
- Auditors Local Evaluation (ALE)
- Census data and national statistics
- Complaints / PALS
- Corporate scorecard
- Clinical Audit
- Customer Care Training
- Employment and workforce monitoring data
- Matron balanced scorecard
- National Patient Surveys & focus groups
- Patient Environment Action Teams (PEAT)
- Patient satisfaction (food / nutrition monitored)
- Patient Experience Tracker (PET)
- Patient / public feedback websites & patient comments in the press
- Patient Stories
- Quarterly Patient Experience Report
- Research
- Standards for Better Health (SfBH) / Annual Health Check
- Staff surveys
- Workforce plans

17.2 Considerable work has been done in the Trust to improve the quality and quantity of data recorded in relation to patients and the Trust now records the gender, date of birth and ethnicity in close to **100%** of patients. The Trust acknowledges that it needs to collect data about disabilities and this will feature as one of the key actions associated with this SES.

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- 17.3 The use of NHS Jobs and the electronic staff record (ESR) means that we are able to obtain accurate and detailed information about the diversity of job applicants (including those who are shortlisted and appointed) and our workforce.
- 17.4 We do however acknowledge the need to analyse all data more effectively and to take into account the findings when planning and developing services. This will be a key action for this SES

18. The Action Plan

- 18.1 The equality duties require public authorities to set out actions that they have taken or intend to take to meet the general and specific duties.
- 18.2 The actions plans associated with the race, disability and gender equality schemes (RES, DES and GES) have been reviewed and achievements have been highlighted in section 12 of this SES. Work still to be done will be outlined in a new action plan for this SES, to be found in Appendix 6. These actions will be identified from a number of sources including:
- Actions not yet achieved in the three legacy equality schemes and equality and diversity strategy.
 - Action planning event scheduled to take place on 2nd February 2010.
 - Actions arising from Patient Experience initiatives
 - Actions arising from the Business Planning process
 - Standards for Better Health (particularly Standard C7e)
 - Completed Equality Impact Assessments
- 18.3 Any additional actions identified from the consultation process will be included in the final action plan for this SES.
- 18.4 The action plan will be monitored on an ongoing basis by the Trust's equality and diversity lead and formally by the Equality and Diversity Committee on a six monthly basis. Progress will be reported to the Trust Board in July and December of each year.

19. Publishing the Scheme

- 19.1 The SES will be published on the Trust's website and will be communicated to staff and stakeholders using a variety of means. Staff, patients and other members of the public have been invited to be involved in and comment on the scheme and feedback will be incorporated into the final version.

20. Enforcement and Non Compliance

- 20.1 Enforcement of the duties outlined in the three equality acts is the responsibility of the Equalities and Human Rights Commission.

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20.2 The Care Quality Commission also monitors Trust compliance with equalities legislation on an annual basis through core standard C7e. Trusts deemed as not compliant could be issued with a notification letter. In the last two years RUH has submitted appropriate evidence to the Health Care Commission and considers its self compliant with the standard.

21. Complaints

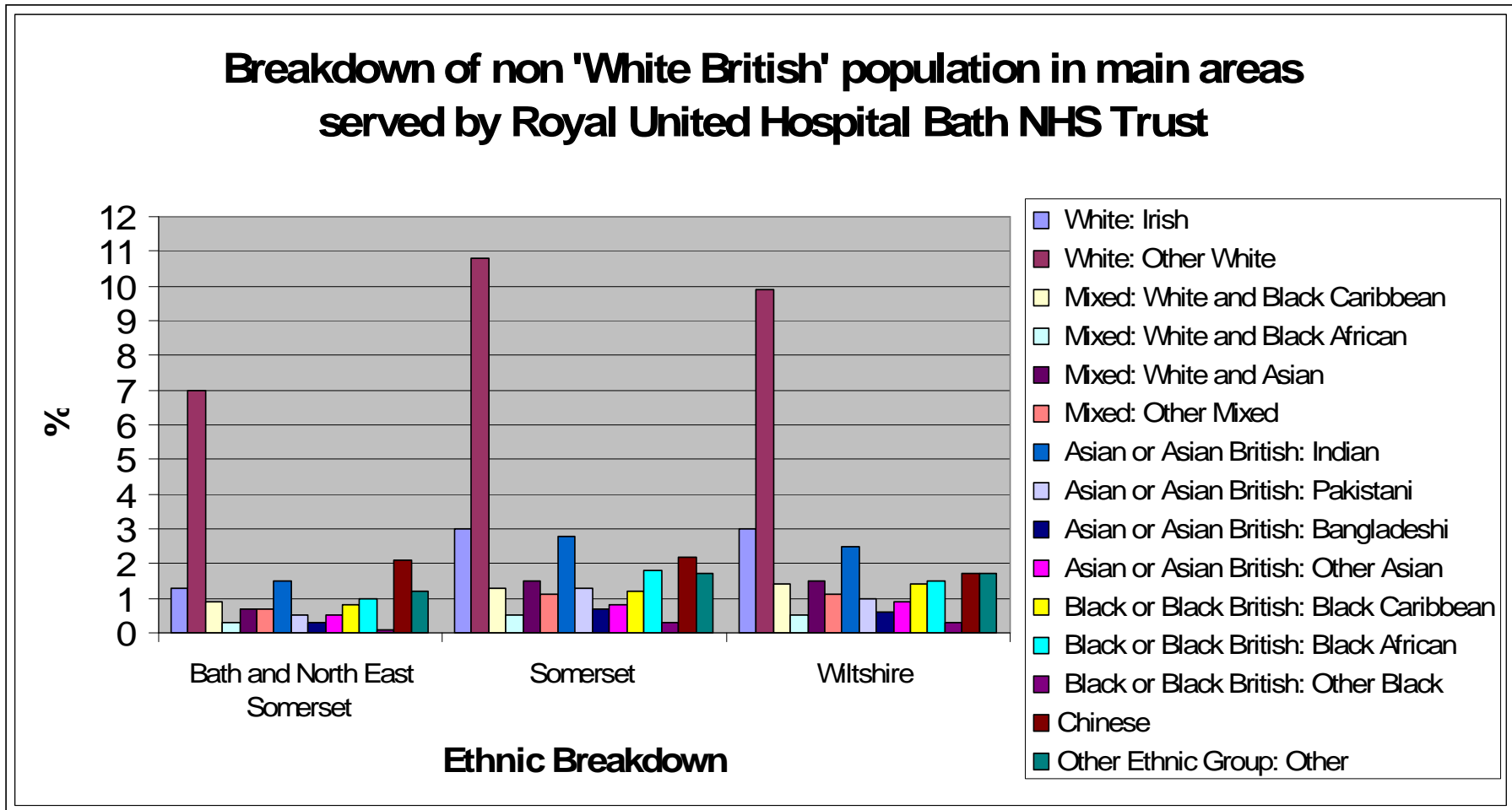
- 21.1 Any complaints regarding this SES or its implementation will be dealt with under the Trust's complaints policy or if more appropriate, another of the Trust's policies and procedures for dealing with such matters – for instance the grievance procedure in the case of complaint by staff.
- 21.2 The Trust is committed to dealing sensitively, firmly and effectively with any complaints of discrimination, harassment or victimisation whether covered by existing legislation or not.

22. Appendices

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Appendix 1. Breakdown of Ethnicity for Non “White British” Population



Source: Office for National Statistics (Population Estimates) Mid 2007

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Appendix 2. Summary of Equalities Duties

Race Relations (Amendment) Act 2000

This act places a general duty is placed on all public authorities requiring them, when carrying out their functions, to aim to:

- Eliminate unlawful racial discrimination
- Promote equality of opportunity and
- Promote good relations between people of different racial groups

Specific duties require the publication of a race equality scheme which must include the following:

- The functions and policies (or proposed policies) assessed as being relevant to the general duty to promote race equality.
- Arrangements to:
 - Monitor policies for adverse impact
 - Asses and consult on the impact that proposed policies are likely to have on promoting race equality.
 - Publish the results of assessments, consultation and monitoring
 - Ensure that members of the public have access to information and services
 - Train staff on the general and specific duties

In addition, if employing more than 150 fulltime staff, public authorities are required to monitor and publish annually, by racial group the number of staff who:

- Are in post
- Apply for jobs
- Receive training
- Benefit or suffer detriment from performance appraisals
- Are involved in grievances
- Are subjected to disciplinary action
- End their employment

Disability Discrimination Act 2005

This Act places a general duty on all public authorities, when carrying out their functions, to have due regard to the need to:

- Promote equality of opportunity between disabled persons and other persons
- Eliminate discrimination that is unlawful under the Act
- Eliminate harassment of disabled persons that is related to their disabilities
- Promote positive attitudes towards disabled persons
- Encourage participation by disabled persons in public life; and
- Take steps to take account of disabled person's disabilities, even when that involves treating disabled person more favourably than other persons.

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The NHS is also subject to specific duties which set out a framework to assist authorities in planning, delivering and evaluating actions to meet the general duty and to report on these activities. At the heart of this framework is the Disability Equality Scheme (the Scheme). The specific duties state:

- A public authority should publish a Disability Equality Scheme and action plan demonstrating how it intends to fulfil its general and specific duties.
- A public authority should involve disabled people in the development of the Scheme.
- The scheme should include a statement of:
 - The way in which disabled people have been involved in the development of the Scheme.
 - The authority’s method for impact assessment.
 - Steps which the authority will take towards fulfilling its general duty (the “action plan”)
 - The authority’s arrangements for gathering information in relation to employment.
 - The authority’s arrangements for putting the information gathered to good use, in particular in reviewing the effectiveness of its action plan and in preparing subsequent Disability Schemes.
- A public authority must, within three years of the scheme being published, take the steps set out in its action plan (unless it is unreasonable or impracticable for it to do so) and put into effect the arrangements for gathering and making use of information.
- A public authority must publish a report containing a summary of the steps taken under the action plan, the results of its information gathering and the use to which it has put the information.

The Scheme is a means of meeting the various elements of the general duty.

The Disability Equality Duty covers all functions and activities of an organisation including budget setting, commissioning, procurement, regulatory functions and setting the framework within which the organisation deliver services, as well as our role as an employer.

Equality Act 2006

This Act places a general duty on all public bodies, when carrying out their functions, to have due regard to the need to:

- Eliminate unlawful discrimination and harassment that is unlawful under the Sex Discrimination Act 1975 (SDA) and in relation to employment and vocational training (including further and higher education), eliminate discrimination and harassment against transsexual individuals
- Eliminate discrimination that is unlawful under the Equal Pay Act 1970 (EqPA)
- To promote equality of opportunity between men and women.

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The general duty applied to all functions of NHS organisations as service providers, policy makers and employers and to any services and functions which are contracted out. The general duty also applied to charities, voluntary and private sector organisations which are carrying out public functions on behalf of the NHS. NHS organisations are also subject to specific duties which act as a framework to assist organisations in planning, delivering and evaluating their activities to meet the general duty and to report on those activities.

In summary, the specific duties are to:

- Prepare and publish a gender equality scheme showing how a public authority intends to fulfil the general and specific duties and setting out its gender equality objectives
- In preparing a scheme to:
 - Consult employers, service users and others (including trade unions).
 - Take into account any information it has gathered or considered relevant as to how its policies and practices affect gender equality in the workplace and in the delivery of its services.
 - In formulating its overall gender equality objectives, consider the need to have objectives to address the cause if any gender pay gap
- Ensure that the scheme set out the actions the authority has taken or intends to take to:
 - Gather information in the effect of its policies and practices on men and women, in employment, services and performance of its functions.
 - Use the information to review the implementation of the scheme objectives.
 - Assess the impact if its current and future policies and practices on gender equality.
 - Consult relevant employees, service users and others (including trade unions).
 - Ensure implementation of the scheme objectives.
- Implement the scheme and the actions for gathering and using information within three years of publication of the scheme, unless it is unreasonable or impractical to do so.
- Review and revise the scheme at least every three years
- Report on progress annually

The Duty in relation to Transsexual and Transgender People

Existing sex discrimination legislation protects transsexual people from discrimination and harassment on the grounds of gender reassignment in employment and vocational training. Gender reassignment is defined as “a process which is undertaken under medical supervision for the purpose of reassigning a person’s sex by changing physiological or other characteristics of sex, and includes any parts of such a process” (DH 2007)

Currently, there is no legal requirement for public authorities to take action for those people who do not meet the current legal definition of transsexual; even through they may define themselves as transgender. This would include those who choose to live as a member of the opposite sex without intending to undergo medical gender

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reassignment. These people still, however experience a significant amount of harassment and discrimination.

There is also currently no legal requirement for public authorities to promote equality between transsexual or transgender people and non transsexual or transgender people. However, the Government's Discrimination Law Review is looking at the possibility of extending protection to cover transsexual and transgender people, so RUH will take this into account.

Since late 2007, under the European Goods and Services Directive, gender reassignment discrimination and harassment has been unlawful in access to goods and services. NHS organisations are also legally required to consider this.

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Appendix 3. Terms of Reference - Equality & Diversity Co.

EQUALITY & DIVERSITY COMMITTEE TERMS OF REFERENCE

1. Constitution

Reporting to the Non Clinical Governance Committee (NCGC), the Equality & Diversity Committee (Committee) will take action and provide assurance, identifying and addressing risk as necessary.

2. Terms of Reference

2.1 Purpose

The Committee will be responsible for leading the development and implementation of a culture of equality and diversity which ensures that as a result of our practice, employees, patients, carers and visitors are treated fairly and that healthcare provision is accessible, responsive and appropriate for all groups of people.

2.2 Objectives:

- Mainstream equality and diversity within service delivery, through the development, promotion and review of a service oriented Single Equality Scheme, strategy, policies, and procedures.
- Ensure that the work of Committee is embedded in the existing governance and committee framework within the Trust and progress is fed back to the Committee at agreed intervals.
- Involve local stakeholders, including patient and public user and community groups as well as enforcement bodies, in the development and implementation of any equality and diversity initiatives.
- Communicate with key stakeholders (staff, patients, visitors, community groups and existing governance and committee framework) regarding the activities of the Committee.
- Analyse data and information on equality and diversity issues, including trends and performance across employment and service provision.
- Review and, if necessary, prioritise recommendations/action plans based on national guidance, new intelligence and local priorities.
- Oversee the development, implementation, audit, monitoring and evaluation of equality impact assessments (EIAs).

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- Produce an annual report for the Trust Board, outlining the Trust’s progress in developing and implementing equality and diversity requirements.

3. Membership

The Committee membership will comprise:

- Chief Executive (Chair)
- Non –Executive Director
- Director of Human Resources (Vice Chair)
- Director of Operations
- Head of Patient Experience
- Director of Estates and Facilities
- Assistant Director of Human Resources (Development)
- Staff Side Chair

3.1 Quorum

Business will only be conducted if the meeting is quorate. The committee will be quorate with five members, including either the Chair or Vice Chair.

3.2 Attendance by Members

The Chair or Vice Chair will be required to attend 100% of the meetings. Group members will be required to attend 75% of all meetings and can send an appropriate Deputy by prior agreement with the Chair.

3.3 Attendance by Officers

The Assistant Director of Human Resources (Projects) will attend in order to provide information to the Group on the status of the work plan. Other staff members may be required to attend the meeting to discuss progress of agenda items as required.

4. Accountability and Reporting Arrangements

The Committee will be accountable to the Non Clinical Governance Committee. A monthly assurance report will be provided outlining progress against the Equality and Diversity work plan. In addition any exceptions will be reported to the next available meeting on issues that require action or assistance.

Ratified minutes of the Committee meetings shall be made available on both the Trust internet and intranet sites. Any items of specific concern or those which require Executive approval will be the subject of a separate report.

5. Frequency

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Meetings will be held quarterly.

6. Authority

The committee is authorised by the Non Clinical Governance Committee to investigate any activity within its terms of reference

The Board will retain responsibility for all aspects of internal control, supported by the work of the committee, satisfying itself that appropriate processes are in place to provide the required assurance.

The committee will provide recommendations or advice to the Board on all aspects of equality and diversity.

The committee will create sub-groups or working groups, as are necessary to fulfil its responsibilities within its terms of reference. The committee may not delegate executive powers (unless expressly authorised by the Board) and remains accountable for the work of any such group. (Appendix One)

7. Monitoring Effectiveness

The Committee will establish a work programme which:

- Reflects its accountabilities and responsibilities
- Reflects risks arising from the Organisation-wide risk register

The Committee will produce a quarterly assurance report for the Non Clinical Governance Committee outlining any areas of risk or where satisfactory progress has not been made against the agreed annual workplan.

The Committee will produce both an annual and interim report for the Trust Board, which will set out how the Committee has met its Terms of Reference during the preceding year.

8. Other Matters

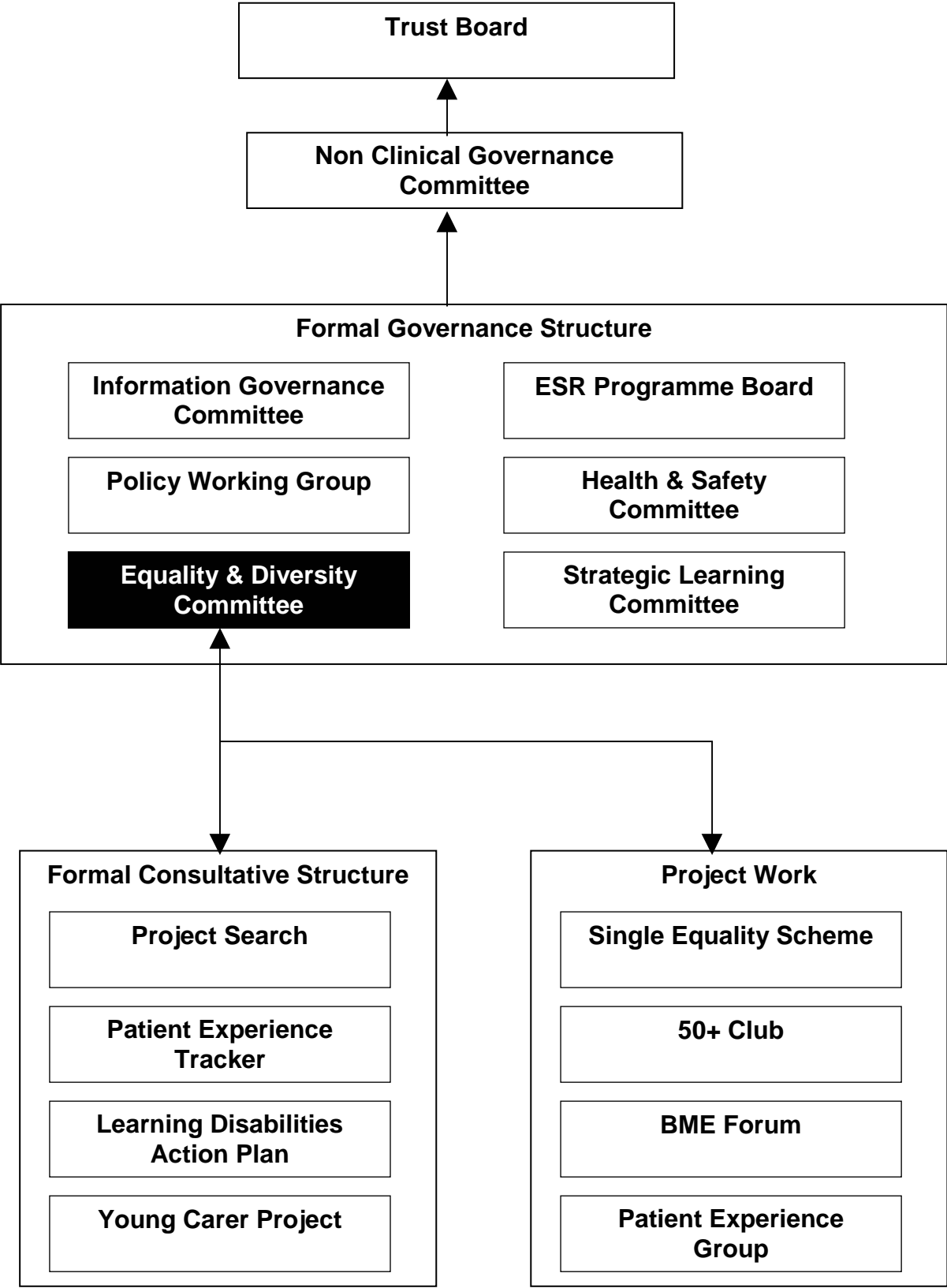
The servicing, administrative and appropriate support to the Chair and Committee will be undertaken by the HR Project Support Manager, who will record minutes of the meeting. The planning of the meetings is the responsibility of the Assistant Director of Human Resources (Projects).

9. Review

The Committee will review its Terms of Reference and work programme on an annual basis as a minimum.

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Equality & Diversity Committee Structure



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Appendix 4. Consultation Plan

Public involvement and consultation are features of the specific duties for race, disability and gender. The Royal United Hospital Bath NHS Trust (RUH) carried out the following activities during November, December and January 2010 to ensure that as many people as possible had the opportunity to comment on and inform the scheme.

- The consultation draft will be published on the Trust’s website and intranet, together with a comments sheet.
- “Hard copies” of the consultation draft and comments sheet are available in the Human Resources department and PALS and to anyone who requested this.
- The scheme will be offered in a variety of formats.
- An action planning event will take place on 2nd February 2010

Staff

- Publication of the scheme was highlighted in the Winter “Insights” magazine, Team brief and via the internal email distribution system.
- All members of the BME staff forum and the 50+ Club have been made aware of the Scheme and invited, along with their wider communities to participate in the action planning event.
- Publication of the scheme was highlighted at December’s Joint Consultative Committee and copies of the consultation draft and comments sheet was sent to members.
- Mgmt Board
- Trust internet
- The consultation draft was circulated to the Equality and Diversity Committee.

Patients

The following patient involvement groups were asked to comment on the draft scheme and also attend the action planning event on 2nd February 2010:

- Bath Ethnic Minority Senior Citizens Assoc
- Bath Interfaith Group (Secretary)
- Bath Mencap Society
- Bath Wells Council Of Deaf People
- Bristol and Avon Chinese Women's Group
- Bristol City Council
- Black Development Agency
- Bristol Lesbian and Gay Switchboard
- Bristol Muslim Cultural Society
- Citizens Advice
- Community at Heart
- Easton Community Centre

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- Employers Forum on Age
- Equality & Diversity Forum
- Fosseway School
- Keynsham & District Community Learning Difficulties team
- Law Centres Federation
- Mind
- Patient Experience Group
- Project Search Team
- RNID
- SAIN (Somerset Access and Inclusion Network (for disabled people))
- Sikh Resource Centre
- Somerset PCT
- Somerset Racial Equality Council
- St Paul's Unlimited Community Partnership
- Terrance Higgins Trust
- TUC (Trade Unions Council)
- UNISON
- UNITE
- University of Bath
- Vision Bath for Bath & North East Somerset
- Wiltshire Racial Equality Council
- Wiltshire PCT

Others

Equality and Human Rights lead at NHS Southwest (Strategic Health Authority) NHS Equality Advisor, Equality and Human Rights Group, Department of Health.

Feedback and Comments

Awaiting information

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Appendix 5. Equality Impact Assessment

Equality Impact Assessment (EIA) Guidance & EIA for the Single Equality Scheme

The aim of an EIA is to improve the work of the Trust by ensuring that discrimination does not occur and that equality considerations are integrated within all policy, strategy, and procedure, function or serviced development from the outset. An EIA is a systematic way of identifying whether a policy affects a group(s) of patients or staff equally or whether it has a differential impact on a particular group(s). It also identifies changes which will promote equality.

Completing an EIA is similar to doing a risk assessment. It involves predicting and assessing the implications of a policy on a range of people with varied needs and circumstances. Evidence, data, consultation and advice from others will play a vital role in completing the assessment.

There are two stages in the EIA process. The first stage is the screening stage using the simple proforma shown below. This can be carried out quickly by the policy lead and is a “common sense” process which does not require consultation.

If as a result of carrying out the screening process it is believed that the new policy is likely to have a differential impact on a specific group(s), then a full impact assessment should be carried out. The full impact assessment can require consultation and in some cases appropriate research.

Stage One – Initial Screening Process

1.	Policy, service, strategy, procedure or function: Single Equality Scheme Lead (e.g. Director, Manager, Clinician): Assistant Director of HR
2.	Person responsible for the assessment: Name: Susan Smith Job Title: Assistant Director of HR
3.	Is this a new or existing policy, service strategy, procedure or function? New
4.	Who is the policy/service strategy ,procedure or function aimed at? <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Visitors <input type="checkbox"/> Any other: Please specify:

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5.	<p>Are any of the following groups adversely affected by this policy?</p> <p>If yes is this high, medium or low impact (see attached notes):</p> <p>Disabled people: No</p> <p>Race, ethnicity & nationality: No</p> <p>Male/Female/transgender: No</p> <p>Age, young or older people: No</p> <p>Sexual orientation: No</p> <p>Religion, belief & faith: No</p> <p>If the answer is yes to any of these proceed to full assessment. This applies whether the impact assessment is high, medium or low.</p> <p>If the answer is no to all categories, the assessment is now complete.</p>
6.	<p>Does the policy, service strategy, procedure or function include measures which promote equality? Yes</p>
7.	<p>If yes, what are these measures?</p> <p>Action plan to address the six key equality strands: race, disability, gender (including transgender/transsexual), age, sexual orientation, religion and belief</p>

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Appendix 6. Action Plan

Action Plan to follow staff, patient, carer and other key stakeholder event on 2nd February 2010.

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